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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\* MS**  
 This application is a CON of 10/367,373 02/13/2003  
 which is a CON of 09/993,167 11/06/2001 PAT 6,725,490

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
**NONE**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 12/23/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>M. J. [Signature]</i>	Initials MS		

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TITLE  
 Complex motion toothbrush

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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